

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/					51						
2		/				52						
3		/				53						
4		/				54						
5		/				55						
6		/				56						
7		/				57						
8	/	/				58						
9		/				59						
10		/				60						
11		/				61						
12	/					62						
13		/				63						
14		/				64						
15		/				65						
16		/				66						
17		/				67						
18	/					68						
19		/				69						
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38						88						
39						89						
40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	7					TOTAL IND.						
TOTAL DEP.	25	↔	↔	↔		TOTAL DEP.	↔	↔	↔			
TOTAL CLAIMS	32					TOTAL CLAIMS						